ſ	_	P .							Application or Docket Number					
1	PATENT APPLICATION FEE DETERMINATION RECOR)						
	Effective December 29, 1999							09/609147						
ľ	CLAIMS AS FILED - PART I						SM	SMALL ENTITY OTHER THAN						
. [(Column 1) (Column 2)				YPE		OR SMALL ENTI				
ſ	FOR .		NUMBE	NUMBER FILED		NUMBER EXTRA		ATE	FEE		RATE	FEE		
	BAS	SIC FEE							345.00	OR	•	690.00		
	TO	TAL CLAIMS	67	minus 20=			X	9=		OR	X\$18=	346		
	IND	EPENDENT CLA	ums 2	minus 3 =	. 18	18		39=		OR	X78=	1404		
	MU	LTIPLE DEPENC	ENT CLAIM PR	CLAIM PRESENT			1	30=		OR	+260=			
	• 14 1	* If the difference in column 1 is less than zero, enter "0" in column 2										2940		
	·					10	TAL		OR	OTHER				
		A CL	,AIMS AS AI (Column 1)	IS AS AMENDED - PART II Jumn 1) (Column 2) (Column 3)			SN	IALL	ENTITY	OR	SMALL I			
EST AVAILABLE COPY	4		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT			ADDI-			ADDI-		
	Ę		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE.		
	AMENDMENT A	Total	5.7	Minus •		- 7	X	\$ 9=	63	OR	X\$18=	126		
	MEN	Independent	· 22	Minus	- 21	- 1	×	395	1/3	OR	X787	7		
	٧	FIRST PRESE	VITATION OF MU	ILTIPLE DEPE	NDENT CLAIM	•	-	43				/-		
								30=		OR	+260=	/		
A								TOTAL IT. FEE		OR	YOYAL ADDIT, FEE	100		
둤			(Column 1)	·	(Column 2) RIGHEST	(Column 3)								
BE	0		CLAIMS REMAINING		NUMBER	PRESENT	۱ ا	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
200	2		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		A12	FEE			FEE		
J. J.	ENDMENT	Total	.34	Mirius	. 72	-0	×	\$ 9=		OR	X\$18=			
	AME	Independent	. 3	Minus	<u> </u>	1.7	X	39=		OR	X78=			
	<u> </u>	FIRST PRESE	NTATION OF MI	JUNIPLE DEPE	NDENT CLAIN	·	<u>ا</u> ا	130=			+260=			
	1									OR	TOTAL			
	2 21 05							TOTAL IT. FEE	. 18	JOR	ADDIT. FEE			
	3-24 (Column 1) (Column 2) (Column :										-			
	ပ		REMAINING	1 1	NUMBER	PRESENT	۱۱.	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
	2		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	l L	MIE	FEE		100.0	FEE		
	AMENDMENT	Total	.33	Minus	<u>· 74</u>	= D	X	\$ 9=		OR	X\$18=)		
	B	Independent	. 3	Minus	·· 22		↓ 「×	39=	7	OR	X78=	· /		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」 -	100	 	1	+260=	1/		
		il the entry in only	rnn 1 is less than t	he entry in colum	n 2, write 70° in c	olumn 3.	L.	130= TOTAL	!/	OR	TOTAL	 /		
		"If the "Tighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2"							<u> </u>	JOR	ADDIT. FEE			
	ı	The Highest Nun	nber Previously Pa	id For (Total or li	ndependent) is ti	he highest num	er tound i	in the a	ppropriate b	ox tn c	olumn 1,			

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